

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Suetos Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 4415 Ukali Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: July 9, 2019 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> A bottle of rubbing alcohol was unsecured in the resident bedroom.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I TOOK AWAY THE BOTTLE OF RUBBING ALCOHOL FROM THE RESIDENT'S BEDROOM. I PUT IN A PLASTIC BAG &amp; LOCKED IT UP IN MY MEDICINE CABINET</p>	7/9/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> A bottle of rubbing alcohol was unsecured in the resident bedroom.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- I WILL MAKE SURE THAT MY SUBSTITUTE &amp; I WILL LOOK AROUND THE ROOM AT ALL TIMES. GIVE REMINDERS THAT RUBBING ALCOHOL IS NOT ALLOWED IN THE BEDROOM OF ANY RESIDENT. THE RESIDENT MIGHT DRINK &amp; IT IS EXTREMELY IRRITATE THE DIGESTIVE SYSTEM</p> <p>- I WILL ALSO MAKE SURE TO CHECK RESIDENTS WHEN THEY GO OUT WITH FRIENDS THAT THERE IS NO TOXIC CHEMICALS THAT THEY BRING HOME. CONTINUE EDUCATE SUBSTITUTE FOR THE SAFETY OF THE RESIDENT.</p>	7/9/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b> A bottle of Robitussin DM was unsecured in the kitchen refrigerator.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I TOOK AWAY THE ROBITUSSIN DM FROM MY KITCHEN REFRIGERATOR &amp; PUT IN MY DAUGHTER'S ICE BOX DOWNTOWN'S KITCHEN AWAY FROM RESIDENTS &amp; CHILDREN</p>	<p>7/9/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            A bottle of Robitussin DM was unsecured in the kitchen refrigerator.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-IN THE FUTURE SO THIS DEFINITELY DOESN'T HAPPEN AGAIN. I WILL MAKE SURE THAT I WILL POST A SIGN OUTSIDE THE REFRIGERATOR &amp; IN MY ARCH BINDER FOR ALL OF US TO FOLLOW:            ALL MEDICATIONS SHOULD NOT BE LEFT UNATTENDED &amp; ALL MEDICATIONS SHOULD BE IN A LOCKED BOX WHETHER IT IS FOR A RESIDENT OR FOR ANY PERSONAL USE. I WILL MAKE SURE THAT IT WILL BE KEPT AWAY FROM ALL RESIDENTS OR CHILDREN FOR THEIR SAFETY &amp; WELL BEING OF OTHERS. I WILL MAKE SURE THAT IT WILL BE PROPERLY COMMUNICATED TO ALL MY SUBSTITUTES.</p>	7/31/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - The inventory of possessions was not maintained. Last update was September 2017.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- AS SOON AS MY NURSE CONSULTANT WENT HOME. I CHECK BACK MY PROGRESS NOTE &amp; RE-DO MY RESIDENT'S CLOTHING. IT IS STILL FRESH IN MY MIND THAT MY RESIDENT GETS PRESENTS EVERY FATHER'S DAY, BIRTHDAYS &amp; CHRISTMAS FROM MY FAMILY AS WELL AS FROM HIS FAMILY</p>	7/9/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - The inventory of possessions was not maintained. Last update was September 2017.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- IN THE FUTURE SO THIS DEFICIENCY DOESN'T HAPPEN AGAIN:</p> <p>- I WILL MAKE SURE THAT THERE IS A RESIDENT'S BELONGING'S LOG &amp; PUT IN THE RESIDENT CLIP BOARD &amp; IN MY ARCH FINDER TO REMIND THAT IT SHOULD BE DOCUMENT ALL BELONGINGS THAT COMES IN SO WE DON'T FORGET.</p> <p>I WILL MAKE SURE THAT ALL BELONGINGS SHOULD BE LABELED APPROPRIATELY WITH NAME &amp; DATE AS WELL AS DOCUMENT WHENEVER YOU DISCARD &amp; ALSO I WANTED TO IMPLEMENT A SIGNATURE FROM THE FAMILY &amp; WITNESS BY THE PRIMARY CARE GIVER FOR ACCURACY.</p>	<p>7/31/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> No documentation of substitute care giver training for blood sugar checks and monitoring for signs/symptoms of hypoglycemia/hyperglycemia.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- JULY 9, 2019 I RE-EDUCATE MY HUSBAND &amp; JULY 10, 2019 I ALSO RE-EDUCATE MY 2 OTHER SUBSTITUTE HOW TO GET BLOOD SUGAR CHECKS &amp; TO MONITOR THE SIGNS &amp; SYMPTOMS OF HYPOGLYCEMIA &amp; HYPERGLYCEMIA. I DID ILLUSTRATION &amp; THE 3 OF THEM PERFORM IT BACK TO ME. COPY ATTACHED WITH THEIR OWN SIGNATURES.</p>	<p>7/9/19 7/10/19</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> No documentation of substitute care giver training for blood sugar checks and monitoring for signs/symptoms of hypoglycemia/hyperglycemia.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I WILL MAKE SURE THAT I ALWAYS DOCUMENT ALL THE TRAINING THAT I MADE OR ANY UPDATES &amp; NEWS REGARDING ON THE RESIDENT TO MAKE SURE IT IS LEGAL.</p> <p>- I WILL MAKE SURE THAT ALL MY SUBSTITUTE KNOWS WHAT THEY DOING &amp; THEY ARE CAPABLE IN CASE OF EMERGENCY &amp; IMPLEMENT THAT DOCUMENTATION IS VERY IMPORTANT.</p>	<p>7/9/19 7/10/19</p>

Licensee's/Administrator's Signature: Ederlina G. Santos

Print Name: EDERLINA G. SANTOS

Date: 7/11/19

Licensee's/Administrator's Signature: Ederlina G. Santos

Print Name: EDERLINA SANTOS

Date: 7/31/19

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